

Senate Bill No. 1145 AN ACT CONCERNING OUTREACH BY COMMUNITY ACTION AGENCIES FOR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM APPLICANTS.

Good morning Representative Tercyak, Senator Musto, Committee Members. I thank you for the opportunity to testify to you today regarding Senate Bill No. 1145 An Act Concerning Outreach By Community Action Agencies For Supplemental Nutrition Assistance Program Applicants.

My name is Grace Damio, and I am a Senior Manager and Director of the Center for Community Nutrition at the Hispanic Health Council. The Hispanic Health Council's mission is to improve the health and well-being of Latinos and other diverse communities. Our main strategies are community-based research, evidence-based direct services and policy advocacy. One of the main areas of HHC's work for the past 32 years is nutrition, including research to understand food insecurity and development and implementation of strategies to address this serious problem.

The SNAP Program is the most important food security program in the nation and increasing SNAP participation is one of the most productive strategies toward reducing food insecurity. CT has in place a multi-faceted plan towards improving SNAP participation, involving work being done by many in a cohesive and planned way, which is approved and supported by the Food and Nutrition Service of the USDA. In fact, CT is 9th in the country in improvements in SNAP participation, an indication that the current outreach approach is working.

For the past five years, the Hispanic Health Council has been one of the three contracted partners of the state's SNAP Outreach Plan. Our efforts are coordinated with those of other outreach partners, to assure coordination and complementarity of efforts, along with sharing of resources and best practices. HHC's outreach efforts span the spectrum from statewide social marketing, to group-based education to individual outreach, pre-screening and application assistance. The fundamental underpinnings of our approach are:

1. to reach people where they are and facilitate access to SNAP from that point. We have built strong partnerships with service agencies across the state, but also conduct outreach on the streets, door-to-door, in homeless shelters and other locations in those communities where people who would otherwise fall through the cracks can be engaged.
2. to address all barriers to successful application, from myths about eligibility and benefits, to the cumbersome application itself, to the delays and errors that occur on the DSS end. We stay with the application process until it is concluded, and advocate as needed to assure that those eligible receive needed benefits.

During the past 12 months, HHC's SNAP Outreach Program conducted more than 1,000 outreach sessions in locations around the state, conducted a total of 2,000 SNAP

eligibility pre-screenings and directly facilitated nearly 1,000 first-time applications, and nearly 300 redetermination applications. This work included 50 applications facilitated from the homes of people who were unable to travel to DSS or our office. Based on DSS data, on average, 87% of the applications that we facilitated during the past 12 months resulted in SNAP enrollment.

HHC's SNAP outreach work is similar to that conducted by the other contracted outreach partners in the state – flexible, multi-faceted, creative, culturally relevant and persistent. The end product is evidence for this approach to SNAP outreach.

As I stated earlier, CT stands out in our improved SNAP participation rate. What remains a major problem are error rates and timeliness issues within DSS. The proposed bill would not address these problems. HHC urges you to focus the bill on solutions to the remaining major problems to SNAP participation, through modernization of technology that would support the ability of the state workers at DSS to do their job more accurately and expeditiously. They make the eligibility determinations. CT is lagging behind in its use of a number of available technologies of which we could, and should be making use.

The Hispanic Health Council feels that designation of specific outreach agencies is not necessary and would not be helpful towards addressing the remaining barriers to increasing SNAP participation rates in CT. These barriers are error rates and timeliness problems. We propose that the language in this bill starting on line 10 be removed and that in its place be put the following: "The Department of Social Services should report to this committee no later than January 30th of 2012 the progress they have made correcting the negative error rate, and timeliness issues for further review."

Thank you for your efforts to increase SNAP participation.